

**Research Proposal**

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# Title:

**Researching families and parental mental illness: A Systemic approach.**

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# Background to the research

Parents and children managing family life in the context of parental mental illness inevitably develop their perspectives and accounts interactionally. A systemic approach, therefore, provides one of the most powerful methods of researching these families’ adaptations.

A systemic approach to researching individuals and families views them as active creators of meaning, however unconventional their lives may appear to others. It focuses on the ways that families construct their social worlds in interaction with each other and within the contexts which provide them with intelligible frameworks, whether of conformity or non-conformity. This view locates family members and the social discourses they draw upon, within socially and historically contingent processes and within the matrix of relationships and positions available to them within their family.

The study is designed to elicit perspectives which have often been excluded from research into parenting or mental illness.

# Parental Mental Illness

“People who suffer from mental health problems remain one of the most excluded groups in society.” (DOH 2006). Although the parenting experiences of people with mental illness are similar in many respects to those of all parents, the literature has most commonly emphasized deficits and failures. Both parents and children are likely to have experienced social and economic marginalization, shame and stigma. This marginalization has to some extent been mirrored in the research field and there is a pressing need for studies which locate their experiences within mainstream research.

The few UKS national figures on the frequency with which adults with mental illness become parents suggest that it is broadly similar to that of the general population (Oates 1997, Iddamalagoda & Naish 1993). Not all of them will have custodial care of their children, but with the advent of improved community-based services and medications, it is likely more adults with serious mental illness are now looking after their children.

As the majority of adult mental health services have been exclusively concerned with the designated patient, these families have barely been visible to services or researchers. Traditionally there has been an individualized focus to mental illness to which systemic approaches provide an alternative model. This research team views individuals as located in social networks which need to be taken into full consideration in health care, and, where possible, actively engaged in its provision. Mental illness has important implications for a family network which includes children and other family members responsible for their care. In this study, we will investigate individuals designated as suffering from mental illness who are parenting children less than sixteen years. We intend to examine the consequences of illness for members of family networks, and the ways that individual sufferers themselves sustain their relationships in these challenging conditions. We will explore the responses of family members, including children, to mental illness in a parent, and the coping strategies of parents themselves.

The effect of parental mental illness on children has been of increasing concern in the last decade (Gopfert et al 1996). The current preoccupation with parenting, the commitment to challenging social exclusion and the aim for more integrated mental health services have all combined to bring this group of adults and children to the forefront of professional and social policy initiatives. Research has indicated that children who have a parent with mental illness are at significantly greater risk for multiple psychosocial problems (Beardslee et al 1996; Oyserman et al 2000). Outcomes related to different diagnoses have been investigated (Beiderman et al 2001; Nomura et al 2002; Goodman & Gotlibb 1999). Increasingly, studies are converging on the notion that severity of symptoms, chronicity of illness and lower adaptive functioning among parents are more closely related to child outcomes than specific diagnoses (Sameroff & Seifert 1983; Warner et al 1995). A study by Dickstein et al (1998) proposed that the risk to children may ensue from family interactions which adult mental health services do not typically assess.

# Resilience

Despite these risks, many children of parents with mental illness are resilient and apparently avoid significant problems (Beardslee & Poderofsky 1988). Parents with mental illness identify parenting as a valued role in their lives and reflect the same desire as non-ill parents to be the best parents possible (Mowbray et al 1998, Nicholson et al 1998). There is increasing evidence that the impact of parental mental illness on children may be bi-directional and transactional, with children’s characteristics influencing parents’ symptoms and behaviours which, in turn, affect children’s behaviours and functioning (Goodman & Gotlibb 1999, Cox et al 1987, Hammen et al 1990). From a systemic viewpoint, parents and children are features of each other’s environments, each person’s input being significant. A child undertaking emotional and practical tasks may be just what makes the family unit viable. Indeed, some authors have pointed to the benefit of care-giving in childhood, offering opportunities for greater sensitivity and competence provided that support and respite is available. (Daniel & Wren 2005, Walker & Lee 1998).

# Families’ own accounts

There are surprisingly few in-depth studies which explore how such families themselves think about their relationships and parenting strategies. Qualitative accounts have shown that parents are concerned to ensure a ‘normal’ life for their children and dread the disruption created when they become more acutely ill (Bassett et al 1999). These parents commonly fear being perceived as a risk to their children (Colmar 2005). Little attention has been paid to children’s subjective experiences or reports of what is useful to them in coping with their families’ circumstances (Laverton 2003). Girley et all’s (1997) pilot study noted children’s difficulties in making sense of their parent’s problems and Groin (2004) noted constraints on children’s speaking and being heard. Stallard et al (2004) highlighted children’s lack of understanding, poor communication between parents and children, and children’s sense of responsibility when parents are very distressed. These authors discuss the considerable institutional and professional barriers to carrying out research of this kind.

Missing from these endeavors is an exploration of children’s narratives in interactionwith parental accounts. There is a need for greater understanding of how families negotiate roles and relationships, for example the transition from a parent being ill and unable to function in a caring capacity, to the parent resuming a caring role. What beliefs do parents and children have about the responsibilities children should carry? How do parents’ aspirations and beliefs about what constitutes good parenting help or constrain them?

Our project draws on recent developments in family sociology and social psychology. We will focus on processes rather than outcomes, reflecting a trend in research into divorce and stepfamilies over the past two decades, where studies have explored how families negotiated relationships over time (Gorell Barnes, Thompson, Daniel and Burchardt 1997, Smart and Neale,1999). This moves from comparing family structures to a more fluid engagement with constructions of family and ”family practices” (Morgan 1996), and how these constructions both reflect and constitute wider societal discourses (Beck & Beck-Gernsheim 1995). Understanding how marginalized families understand and enact “ethics of care” (Williams 2004, CAVA research group) is an important strand of our research. The study aims to elicit and bring the “voice” of children into debates about their welfare and interests (Harden et al 2001) and to develop innovative ways of doing so (Greene & Hogan 2005). In this research, children are recognized as active practitioners of social life (Smart, Neale and Wade 2001)

Family studies research has predominantly relied on individual interviews. We aim to bring together adult and child perspectives, focusing on their interactions as they engage with the constructs and norms of parenthood and childhood. We will focus on how family members, including children, construct their relationships and aim to elaborate concepts of risk, protective factors and relational resilience contributing to the development of family policy and services for families who have traditionally been marginalized and excluded.

# Aims

1) To carry out interactional research into the relationships and perspectives of adults and children in families with parental mental illness. Observation of interactions between family members in a family interview will be considered alongside each individual’s account of these relationships.

2) To explore how family members construct their relationships and parenting strategies, eliciting the complexities involved and illuminating relational and bi-directional processes in family life. To elicit parents’ and children’s perspectives regarding:

* the challenges involved when parents face episodic impediments to their parenting, and the resources they utilise in response
* negotiations within family life, how families work to sustain their mutual responsibilities, elaborating notions of resilience as well as constraints on children’s development.
* the norms and expectations of ‘good enough’ parenting and of parent-child relationships drawn on by family members, their influence on family transactions, parenting practices and their wishes and goals for family life.
* the varying effects of wider contexts such as stigma, isolation, poverty and racism on these families’ ability to make positive adaptations, as well as to access available services.

3) To bring the ‘voice’ of children into debates about their welfare and interests, and to bring the perspectives of individuals with mental illness and their families into mainstream research

4) To develop implications for parenting practices and for sensitive and effective means of support.

5) To contribute to the methods of family research by uniquely researching parent and child perspectives conjointly and interactively, utilizing multi-disciplinary perspectives from systemic family therapy, social work, ethnomethodology, grounded theory, sociology and discursive psychology.

# Research Questions

1 What types of adaptations emerge from the accounts of parents and children in situations of episodic parental mental illness?

2 What types of processes and relational dilemmas can be observed and identified, when parents and children describe and enact their roles and responsibilities in these circumstances?

3 How do social norms and expectations of parenting and childhood roles impact upon such families?

4 What are the implications for social theory, policy and practice?

# Research design and methods

The design combines two main research frameworks: a systemic approach developed by family therapists for the investigation of interactional processes and the impact on family life of implicit norms and expectations, and an ethnomethodological sensitivity to the ways in which rules and practices are constructed in everyday life in relation to norms and values which are themselves subject to reinterpretation and revision.

# Systemic research

A systemic approach is uniquely qualified, methodologically and theoretically, to develop understanding of the complexity of family relationships and the ways in which wider contexts impact upon family interactions. Research within the systemic family therapy field has mostly been employed in therapy outcome and process studies (Sprenkle and Moon 1996, Burck 2005). Its potential for wider social science research has, to date, been under-utilized. A systemic approach has well-grounded and robust theoretical and methodological tools for exploring and analyzing finely nuanced processes and interactions and for understanding these within wider societal and cultural contexts (Cronin and Pearce 1985)

‘Systemic interviewing’ involves the use of a number of distinctive techniques that facilitate high levels of reflexive, feedback-driven talk. The systemic family interview engages all members in a description of and commentary on their own and each other’s’ accounts of their family situation and their mutual adaptations. It elicits and explores interactional patterns of talk and behaviours shaping the way family members come to understand themselves.This focus on how different family patterns and processes evolve and are subject to revision and re-negotiation is well suited for investigating the diversity of family practices and strategies of parenting, and to connect the macro level of societal discourses to the micro level of specific family relationships. The interview enables and allows observation of family interactions. The interview will pay attention to contexts outside as well as inside the family – professionals, schools, social networks, stigma and poverty. Such interviews have been adapted for use with even very young children, engaging them as full participants (Cookline 2001, Daniel 2004).

# Ethnomethodology

Members of families investigated in this study can be reasonably expected to find themselves in some conflict with norms and expectations regarding the way their lives should be conducted. Relevant to the investigation of situations of normative and performative uncertainties of this kind are the insights and approaches of the ethnomethodological research tradition. A key idea is 'that the meaningful, patterned and orderly character of everyday life is something that people must work constantly to achieve’; that even in normal circumstances 'work' has to be done by people in social relationships to maintain their rules of interaction.

We will be investigating situations where the normal expectations of family life are put under pressure through the experience of mental illness. Our interest is to study how these deviations from expectation are experienced, understood and responded to by our research participants and to discover the range of adaptations that then emerge. Clinical experience indicates that most family members in these circumstances will look to find ways of sustaining their responsibility to one another, even though this may involve significant departures from conventional expectations, for example with children taken on quasi-parental responsibilities at certain times.

# Data collection

The study will comprise family and individual interviews, providing data on the interactions between family members as well as each individual’s subjective account of those relationships.

Our interviews will elicit narratives of everyday family life, exploring the ways in which family members perceive and respond to their own and others’ expectations and how they account for their patterns of coping. This will include family members’ accounts of the particular dilemmas and contingencies which arise from parental mental health difficulties. Although we will not, as some onomatological researchers have done, observe the interactions of our participants in their everyday settings, our conjoint interviews involve performative repertoires (performance of relationships) as well as verbal accounts of the meanings and actions which are called for in ethnomethodological research.

# Stages of data collection and analysis

* Initial selection of ten families
* Family research interviews with all family members
* Analysis of family interviews
* Individual interviews with family members
* Analysis of interviews
* On-going sampling - informed by results from initial analyses - of up to twenty families for further family and individual interviews
* Analysis of subsequent family and individual interviews

*Sample*

The sample will consist of families where a parent (mother or father) has an enduring affective illness and has contact with a community mental health team or other adult mental health service,andwhere there are children between the ages of eight and sixteen. This age range of children will allow us to include children who are involved in family life, old enough to give an account of family relationships, and to explore transitions over time related to their age. Where families have younger children, they will be involved in the interviews and their views elicited, provided parents give permission.

We will aim for a broad balance of families, with mother or father as the mentally ill parent, and with a gender mix of children. In the geographical area from which we will recruit, we can expect to draw families from diverse cultural and class backgrounds. We aim to interview families representing a wide enough range of normative expectations for family roles and responsibilities and of resources, to allow us to consider similarities and differences in adaptations and processes.

We anticipate that the analytic work to ‘saturate’ our emerging theoretical categories will require a sample size of up to twenty-five to thirty families. This will be a sample size allowing for detailed qualitative analysis of the rich interview data to allow identification of recurrent patterns and processes across families, and the development of a model of the processes of negotiation between parents and children when parental mental illness is at issue.

The most practical and viable site for recruitment will be community mental health teams (CMHTs) in adult psychiatric services, although we are aware that recruiting prospective families through this route may set up expectations about our role and how we view the ‘ill’ parent. (Parenting issues have traditionally been neglected by CMHT clinicians, where neither the emotional importance of the parenting role nor risks to children become visible.)

# Methods of Analysis

To analyses the interview transcripts, we will use a combined method, drawing on grounded theory (Strauss & Corbin 1990; Charmaz 2006), ethnomethodological (Garfinkel 2002) and systemic (Jones 1993) approaches. This will allow us to generate conceptual categories relating to both individual experience and relational processes, and to keep as a focus the interaction between child and adult perspectives, and between family and the wider social context.

Data collection and analysis will occur as an iterative process, guided by ‘theoretical sampling’, i.e., sampling on the basis of theoretically relevant constructs and seeking variability in order to elaborate categories or to suggest limits to their applicability (Chamberlain 1999). Theoretical sampling, a feature of grounded theory, is a powerful technique for developing a theoretical account and for strengthening the trustworthiness of the conclusions drawn from the research. In the initial data-gathering stage, we will select a heterogeneous group of ten families and code in detail the interactional and individual interview data with respect to the processes of negotiation between children and parents in adapting to the exigencies of parental mental illness in the context of powerful societal norms. A systemic framework will enable and inform the analysis of multiple perspectives, and ethnomethodology provides a lens to analyses the interactional ‘work’ family members do. As the categories develop, further sampling will pertain to emerging conceptual and theoretical development. Sampling does not aim to represent a population or increase statistical generalizability of results, but uses empirical enquiry to elaborate and refine the categories that constitute our developing theory (Charmaz 2006). The researchers move between targeted data-collection and theory-building.

Parents’ and children’s accounts will not necessarily be consistent with each other and this will build a picture of the complex ways in which families perceive their situation and navigate stressful circumstances. In the family interviews we will keep the analyzing of the interactional data at the forefront, so that the interplay of themes *between* family members itself remains the unit of analysis.

We will pay careful attention to the researchers’ own interpretative work in co-producing meanings with the participants (Hallway & Jefferson 2000). Systemic researchers subject their own assumptions to rigorous scrutiny, and acknowledge and then re-evaluate their existing hypotheses in the light of feedback from the interviews.

# Ethical Issues

We will make clear to all potential participants the purpose, methods and uses of the research to ensure informed consent from both parents and children. All names and identifying details of participants will be changed in the transcriptions. Participants will be clear that they are free to terminate the interview at any time without having to give a reason.

Families will not be interviewed during an active crisis in the ill parent’s mental health. However, we recognize that participants are potentially vulnerable people whose well-being must be at the forefront during the study.

Our skills as researcher-clinicians will be an asset as we are experienced at engaging with families who may have good reason to be wary of professionals. We have experience of gauging the emotional climate of an interview and have skills in working to minimize distress. If concerns are raised in the research accounts, this will be discussed with the interviewee/s, and further support sought if requested. Our knowledge of the professional systems will be an advantage.

Our systemic research model is a collaborative one in which emerging findings are explored with families and feedback is elicited; we strive to engage families as co-participants (Fraenkel 2006). We are recruiting a group of user parents to help us to think about the research process, with a service user consultant.

# Expected outputs

# Theoretical contribution

We consider that the theory and methods underpinning this study have wider relevance and potential application. There are many circumstances in which families evolve variations to “conventional” family scripts, roles and relationships. Such adaptations are currently little mapped or understood. We aim to demonstrate how sensitivity to the *ad hoc* construction of social scripts by family members and their relationship to changing normative expectations can enhance understanding of the complex interactions between parents and children at times of family stress and fragmentation.

We aim to elucidate interactional processes; highlighting the positions family members take and the identities they develop in relation to each other and to the contexts and discourses within which their lives are embedded. We will identify ‘typologies of adaptation’ by parents and children to the challenges posed by mental illness, elaborating the concept of relational identity and the parts played by creativity and flexibility in the development of resilient relational systems

# Practice relevance

We aim to contribute to a practical knowledge base for parents. Parents and children’s own ideas about service provision will be utilized to make recommendations.

Increased understanding of the relational dilemmas and transactions within families can help challenge prejudice and social exclusion by highlighting successful adaptation, and the diversity of responses to parental mental illness. We aim to draw out the implications for practice and service delivery, and publish and present these findings.

# Contribution to social policy

We aim to present our findings to inform debates about social policy and the family, (e.g. Tavistock Public Policy Seminars, National Family and Parenting Institute) contributing to initiatives to support resilience in families. We aim to contribute ideas from families themselves which may be helpful in adapting parenting groups to meet specific needs (Government Parenting Support document, Oct 2006).

# Contribution to research methodology

The development of our systemic family interview schedule, and systemic and ethnomethodological methods of analysis should offer a contribution as research tools, with the capacity to explore and analyses complex social processes within families.

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